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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

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REGISTERED AGENT RESIGNATION POMEROY IT SOLUTIONS SALES COMPANY, INC.

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	visions of sections 607.0503(2), 617.0502(2), 60	7.1509, or 617.1509,
Florida Statutes, th	e undersigned, Registered Agent Solutions, Inc.	
(Name of Registered		ered Agent)
haraby racions as B	POMEROY IT SOLUTIONS SA	LES COMPANY, INC.
hereby resigns as Registered Agent for (Name of Corporation)		oration)
F99000005354		
(Document N	umber, if known)	
A copy of this resig	gnation was mailed to the above listed corporatio	n at its last known address.
this statement is fil	inated and the office discontinued on the 31st da ed. Mackenzia	y after the date on which
<u> </u>	(Signature of Resigning Agent)	
If signing on behalf of an entity:	f of an entity:	2022 JUL 14
Ν	fackenzie Hart	,
_	(Typed or Printed Name)	
۸	ssistant Secretary, Registered Agent Solutions, Inc.	AH 10: 2:
_	(Capacity)	9

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314